

APR 19 2019

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JUDGE CARTER

Karyn Blumstein-Torrella

MAG. JUDGE FREEMAN

Write the full name of each plaintiff.

-against-

New York City Department of Education; Barbara

Bellafatto, Principal of P.S. 36

Write the full name of each defendant. The names listed  
above must be identical to those contained in Section I.

19 CV 03492

(Include case number if one has been  
assigned)

Do you want a jury trial?

☒ Yes ☐ No

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<b>Karyn</b>	<b>Blumstein-Torrella</b>	
First Name	Middle Initial	Last Name
<b>15 Jennifer Lane</b>		
Street Address		
<b>Middlesex County, Old Bridge</b>	<b>NJ</b>	<b>08857</b>
County, City	State	Zip Code
<b>732-407-5518</b>	<b>ktorrella@yahoo.com</b>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<b>New York City Department of Education</b>		
	Name		
	Tweed Courthouse - 52 Chambers Street		
	Address where defendant may be served		
	<b>New York, New York</b>	<b>NY</b>	<b>10007</b>
	County, City	State	Zip Code
Defendant 2:	<b>Barbara Bellafatto, Principal</b>		
	Name		
	P.S. 36 - 255 Ionia Avenue		
	Address where defendant may be served		
	<b>Richmond, Staten Island</b>	<b>NY</b>	<b>10312</b>
	County, City	State	Zip Code

Defendant 3:

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 Name

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 Address where defendant may be served

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 County, City

State

Zip Code

**II. PLACE OF EMPLOYMENT**

The address at which I was employed or sought employment by the defendant(s) is:

J. C. Drumgoole - P.S. 36R

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 Name

115 Jennifer Lane

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 Address

Richmond, Staten Island

NY

10312

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 County, City

State

Zip Code

**III. CAUSE OF ACTION****A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

☐ race:☐ color:☒ religion:

Catholic, questioned about my last name and denied request for time off for Religious Observance

☐ sex:☐ national origin:

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1972

- ☒ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: See attached statement

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: See attached statement

- ☒ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## **B. Other Claims**

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☒ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☒ other (specify): Interfered with my FMLA, harassed me, repeatedly told me to resign,

take a leave or go on disability. Retaliated with bad evaluations, disciplinary letters and time and attendance hearing.

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Please see attached statement.

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As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency. Please see attached.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 5/23/18

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 2/12/19

When did you receive the Notice? 2/13/19

☐ No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☒ direct the defendant to reasonably accommodate my religion

☒ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Time and attendance penalty in retaliation for filing SDHR charge restored, days restored to my CAR for improper timekeeping, blank time cards, and signing empty CAR documents, and days refunded to count towards my pension, money for stress induced flare ups which resulted in additional time off. FMLA rules and guidelines to be followed and correct codes used when time keeping is entered into the computer. Legal fees reimbursed.

**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

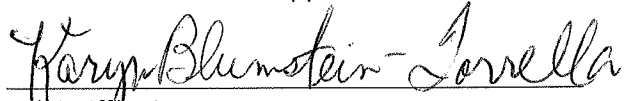
3/11/19

Dated

Karyn

First Name

Middle Initial



Plaintiff's Signature

Blumstein - Torrella

Last Name

115 Jennifer Lane

Street Address

Middlesex County, Old Bridge

NJ

08857

County, City

State

Zip Code

732-407-5518

Telephone Number

katorrella@yahoo.com

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

**ADDENDUM FOR FEDERAL COMPLAINT FOR KARYN BLUMSTEIN-TORRELLA**

1. I have been teaching elementary school with the NYC Department of Education since September 1995.
2. I am 46 years old and am a practicing Catholic and have various disability-related medical issues relating to a history of breast cancer, Crohn's and Celiac disease, Hashimoto, Rheumatoid Arthritis, Fibromyalgia, Vitiligo, and Lichen Sclerosus.
3. I was assigned to P.S. 36 in Staten Island based on a medical transfer starting in the 2015-16 school year under Principal Barbara Bellafatto.
4. I always had Satisfactory or Effective ratings prior to coming to this school.
5. Principal Bellafatto tried to give me an Unsatisfactory rating my first year in 2015-16 at the school when she found out she would have to pay my salary, but it was later overturned with the help of my union. She also gave me a disciplinary letter for excessive absences, even though they were medically justified.
6. Due to my various health conditions, I was granted FMLA intermittent leave from December 8, 2016 through December 8, 2017, by the DOE medical unit.
7. Despite these approved leaves, Principal Bellafatto gave me disciplinary notices for time and attendance, in part due to my health conditions and also for her refusal to approve religious observance days for Catholic holidays. She told me on 10/31/16 that I should go to church at night like she does.

**2017-2018 School Year**

8. One year later on 10/31/17, I was called into the principal's office and questioned about my religion because my last name is Blumstein Torrella and the principal asked me to elaborate about my religious beliefs. She claimed I did not put in the religious leave paperwork until that morning when in fact I put in for the religious leave weeks in advance. She said she would let me know by the end of the day of her decision on the religious day and I never heard back from her.



9. In September 2017, Principal Bellafatto had me sent to the DOE medical unit on the first day of school. The Medical unit postponed the appointment until the second day of school and told me to report to my school. Upon arrival at my school, I was told I was not allowed to stay. Principal Bellafatto had me placed into the ATR pool and I had to report to a different school. She did not want me back again, but the Union told her she had to take me back because it was against our contract.
10. On October 19, 2017, at a meeting in the principal's office, the principal told me that my FMLA leave status was terminated and that it should never have been approved.
11. I was often rated highly effective prior to coming to the school. I have received much lower ratings (mostly developing) during the 2017-18 school year, on evaluations conducted on October 11, 2017, December 19, 2017, and April 20, 2018.
12. Principal Bellafatto told me on April 13, 2018, that I am a financial burden to her school due to my high salary and my time off for disability where she has to hire substitutes. She also stated that because of me she could not hire school aides, nor buy furniture nor supplies for the school. She also said that I should resign, apply for disability retirement or take a medical leave because she did not foresee my health improving.
13. On April 13, 2018, I received a disciplinary letter in my file for time and attendance that referenced FMLA approved dates, bereavement time, and days off for religious observance.
14. By law, the principal was required to put up a FMLA poster in the school and did not put it up until April 26, 2018. The principal only gave me an FMLA eligibility notice on April 26, 2018 after my FMLA leave ended.

**2018-2019 School year**

15. On or about May 23, 2018, I filed a protected complaint against the NYCDOE and my principal with the New York State Division of Human Rights (SDHR) based on age, religion, and disability.
16. Since I filed the SDHR complaint (which, upon information and belief, the principal received on September 10, 2018), I have been swiftly retaliated against. First, she initiated

time and attendance disciplinary charges against me on October 17, 2018, and I ultimately received a \$1,500 fine after a hearing held on November 16, 2018.

17. On April 5, 2019, I received another disciplinary letter from the principal threatening me with termination of employment based on absences this school year due to various illnesses related to my disabilities and exposure to student illness in the classroom, which have been consistently documented with medical notes.

EEOC Form 161 (11/18)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Karyn Blumstein-Torrella**  
**15 Jennifer Lane**  
**Old Bridge, NJ 08857**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2018-04854**

**Holly M. Shabazz,**  
**State & Local Program Manager**

**(212) 336-3643****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**Charging Party wishes to pursue matter in Federal District Court.****- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)

  
**Kevin J. Berry,**  
**District Director**

**February 12, 2019**

(Date Mailed)

cc:

**CITY OF NEW YORK, DEPARTMENT OF EDU**  
**Attn: Jared B. Arader, Agency Attorney**  
**Office of Legal Services**  
**52 Chambers Street, Rm 308**  
**New York, NY 10007**

**Bryan D. Glass, Esq.**  
**Glass Krakower LLP**  
**100 Church Street, 8<sup>th</sup> Floor**  
**New York, NY 10007**

# New York State Division of Human Rights Complaint Form

RECEIVED

MAY 23 2018

BROOKLYN REGIONAL OFFICE

## CONTACT INFORMATION

My contact information:

Name: Karyn Blumstein-Torrella  
 Address: 15 JENNIFER LANE Apt or Floor #: \_\_\_\_\_  
 City: OLD BRIDGE State: N.J. Zip: 08857

## REGULATED AREAS

I believe I was discriminated against in the area of:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Employment   | <input type="checkbox"/> Education               | <input type="checkbox"/> Volunteer firefighting              |
| <input type="checkbox"/> Apprenticeship Training   | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit                              |
| <input type="checkbox"/> Public Accommodations<br>(Restaurants, stores, hotels, movie<br>theaters amusement parks, etc.) | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Labor Union, Employment<br>Agencies |
| <input type="checkbox"/> Commercial Space  | <input type="checkbox"/> Internship              |  |

I am filing a complaint against:

Company or Other Name: NYC Dept. of Education PS 36 John C. Drumgoole School  
 Address: 255 Tonia Avenue  
 City: Staten Island State: N.Y. Zip: 10312  
 Telephone Number: (718) 984 1422  
(area code)

Individual people who discriminated against me:

Name: Barbra Bellafatto Name: \_\_\_\_\_  
 Title: Principal Title: \_\_\_\_\_

## DATE OF DISCRIMINATION

The most recent act of discrimination happened on: 4 13 18  
month day year

**BASIS OF DISCRIMINATION**

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

**Please note:** Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

**I believe I was discriminated against because of my:**

<input checked="" type="checkbox"/> <b>Age</b> (Does not apply to Public Accommodations) Date of Birth: 1/7/72	<input type="checkbox"/> <b>Genetic Predisposition</b> (Employment only) Please specify:
<input type="checkbox"/> <b>Arrest Record</b> (Only for Employment, Licensing, and Credit) Please specify:	<input type="checkbox"/> <b>Marital Status</b> Please specify:
<input type="checkbox"/> <b>Conviction Record</b> (Employment and Credit only) Please specify:	<input type="checkbox"/> <b>Military Status:</b> Please specify:
<input checked="" type="checkbox"/> <b>Creed / Religion</b> Please specify: Catholic	<input type="checkbox"/> <b>National Origin</b> Please specify:
<input checked="" type="checkbox"/> <b>Disability</b> Please specify: History of Cancer, Crohn's Disease + Various Other Illnesses	<input type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify:
<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify:	<input type="checkbox"/> <b>Sex</b> Please specify: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> <b>Pregnancy</b> <input type="checkbox"/> <b>Sexual Harassment</b>
<input type="checkbox"/> <b>Domestic Violence Victim Status:</b> (Employment only) Please specify:	<input type="checkbox"/> <b>Sexual Orientation</b> Please specify:
<input type="checkbox"/> <b>Familial Status</b> (Does not apply to Public Accommodations or Education) Please specify:	<input type="checkbox"/> <b>Retaliation</b> (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above) Please specify:



Before you turn to the next page, please check this list to make sure that you provided information **only** for the type of discrimination that relates to your complaint.

**EMPLOYMENT OR INTERNSHIP DISCRIMINATION**

Please answer the questions on this page only if you were discriminated against in the area of employment or internship. If not, turn to the next page.

**How many employees does this company have?**

a) 1-3

b) 4-14

c) 15 or more

d) 20 or more

e) Don't know

**Are you currently working for the company?**

☒ Yes

Date of hire:

( 9 )  
Month

day

( 95 )  
year

What is your job title?

Teacher  
Common-Branch

☐ No

Last day of work:

( )  
Month

day

( )  
year

What was your job title?

\_\_\_\_\_

☐ I was not hired by the company

Date of application:

( )  
Month

day

( )  
year

**ACTS OF DISCRIMINATION**

**What did the person/company you are complaining against do? Please check all that apply.**

☐ Refused to hire me

☐ Fired me / laid me off

☐ Did not call me back after a lay-off

☐ Demoted me

☐ Suspended me

☐ Sexually harassed me

☒ Harassed or intimidated me (other than sexual harassment)

☒ Denied me training

☐ Denied me a promotion or pay raise

☒ Denied me leave time or other benefits

☐ Paid me a lower salary than other workers in my same title

☒ Gave me different or worse job duties than other workers in my same title

☒ Denied me an accommodation for my disability

☒ Denied me an accommodation for my religious practices

☒ Gave me a disciplinary notice or negative performance evaluation

☐ Other: \_\_\_\_\_

**DESCRIPTION OF DISCRIMINATION** - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas listed on Page 3)

**Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY.**

See attached.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.**

### NOTARIZATION OF THE COMPLAINT

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Karen Blumstein-Jonella  
Sign your full legal name

Subscribed and sworn before me  
This 22<sup>nd</sup> day of May, 2018

[Signature]  
Signature of Notary Public

County: Rensselaer Commission expires: 11/22/20

**Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.**



**ADDITIONAL INFORMATION**

The next three pages are for the Division's records and **will not be sent out** with the rest of your complaint.

**Contact information**

My primary telephone number:

732 467 5518  
 (area code)

☐ home phone

☐ work phone

☒ cell phone

☐ other \_\_\_\_\_

My secondary telephone number:

\_\_\_\_\_  
 (area code)

☐ home phone

☐ work phone

☐ cell phone

☐ other: \_\_\_\_\_

My email address: ktorrell@yahoo.com

Last four digits of my Social Security number: 9058

Contact person (someone who does not live with you but will know how to contact you if the Division cannot reach you):

Name: ISADOR BLUMSTEIN

Telephone number: 732-646-0008  
 (area code)

Relationship to me: FATHER

**Special Needs**

I am in need of: a) A translator (if so, which language?): \_\_\_\_\_

b) Accommodations for a disability: \_\_\_\_\_

c) Other: \_\_\_\_\_

**Settlement / Conciliation:**

To settle this complaint, I would accept: (Please explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc?)

End Harrassment - Negative Paperwork removed from file  
Emotional Distress Damages  
Lost wages due to extreme stress  
Lost C.A.R. days

**Witnesses:**

**The following people saw or heard the discrimination and can act as witnesses:**

Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_  
What did this person witness?: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_  
What did this person witness? \_\_\_\_\_

*If you have more witnesses, please write their names and information on a separate sheet of paper and attach it to this form. Please do not write on the back of this form.*

**Additional Details:**

**Did you report or complain about the discrimination to someone else?**

*(If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to a supervisor, a manager, the owner of the company, your human resources office, your union, your housing provider, the police, etc.).*

\_\_\_\_\_  
\_\_\_\_\_

**Date you reported or complained about discrimination:** \_\_\_\_\_  
month day year

**How exactly did you complain about the discrimination?**

*(Who did you talk to about it? Who did you filed a report or make a formal written complaint or union grievance with? What did you say?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened after you complained?**

*(Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)*

\_\_\_\_\_  
\_\_\_\_\_

If you did not report the discrimination, please explain why:

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Did the person you are complaining against touch you, hurt you, or physically harm you?

☐ Yes ☐ No

If yes, please explain:

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Examples of other people who were discriminated against in the same way as you were:

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

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Examples of other people who were treated better than you were:

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

Mr. Walker (co-teacher) received better treatment

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**SDHR ADDENDUM FOR KARYN BLUMSTEIN-TORRELLA**

1. I have been teaching elementary school with the NYC Department of Education since September 1995.
2. I am 46 years old and am a practicing Catholic and have various disability-related medical issues relating to a history of breast cancer, Crohn's and Celiac disease.
3. I was assigned to P.S. 36 in Staten Island based on a medical transfer starting in the 2015-16 school year under Principal Barbara Bellafatto.
4. I always had Satisfactory or Effective ratings prior to coming to this school.
5. Principal Bellafatto tried to give me an Unsatisfactory rating my first year in 2015-16 school when she found out she would have to pay my salary, but it was later overturned with the help of my union. She also gave me a disciplinary letter for excessive absences, even though they were medically justified.
6. Due to my various health conditions, I was granted FMLA intermittent leave from December 8, 2016 through December 8, 2017, by DOE medical.
7. Despite these approved leaves, Principal Bellafatto gave me disciplinary notices for time and attendance, in part due to my health conditions and also for her refusal to approve religious observance days for Catholic holidays. She told me on 10/31/16 that I should go to church at night like she does. One year later on 10/31/17 I was called into her office and questioned about my religion because my last name is Blumstein Torrella and she asked me to elaborate about my religious beliefs. She claimed I did not put in the religious paperwork until that morning when in fact I put it in weeks in advance. She said she would let me know by the end of the day of her decision on the religious day and I never heard back from her.
8. In September 2017, Principal Bellafatto had me sent to the DOE medical board on the first day of school. The Medical board postponed the appointment until the second day of school and told me to report to my school. Upon arrival at my school I was told I was not allowed to stay. Principal Bellafatto had me placed into the ATR pool and I had to report

to a different school. She did not want me back again, but the Union told her to take me back because it was against our contract.

9. On October 19, 2017, at a meeting in the principal's office, the principal told me that my FMLA was terminated and that it should never have been approved.
10. I was often rated highly effective prior to coming to the school. I have received much lower ratings (mostly developing) this school year on evaluations conducted on October 11, 2017, December 19, 2017, and April 20, 2018.
11. Principal Bellafato told me on April 13, 2018, that I am a financial burden to her school due to my high salary and my time off for disability where she has to hire substitutes. She also stated that because of me she could not hire school aides, nor buy furniture nor supplies for the school. She also said, that I should resign, apply for disability retirement or take a medical leave because she did not foresee my health improving.
12. On April 13, 2018, I received a disciplinary letter in my file for time and attendance that referenced FMLA approved dates, bereavement time, and days off for religious observance.
13. By law the principal was required to put up a FMLA poster and did not put it up until April 26, 2018. The principal only gave me an FMLA eligibility notice on 4/26/18 after my FMLA leave ended
14. I believe I am being discriminated against based on my age, religion, and disability.